

**MINUTES**  
**Public Health Council**  
**State Health Plan Committee**  
**December 7, 2005, 1:15 – 3:30 p.m.**  
**1 WEST WILSON STREET, ROOM B250G, MADISON, WISCONSIN**

STATE OF WISCONSIN

MINUTES OF THE MEETING OF DECEMBER 7, 2005

**Committee Members in Attendance:** Richard Perry, Chair; Sandy Anderson; Catherine Frey; Carol Graham; Peggy Hintzman; Gary Hollander; Mark Huber (by teleconference); JoAnn Weidmann

**Absent Committee Members:** Mary Jo Baisch; Juli Kaufmann; Sally Nusslock; Greg Nycz; Patrick Remington; Julie Willems Van Dijk

**Bureau of Health Information and Policy Staff:** Susan Wood; Patricia Guhleman; Stacia Jankowski; Kelli Jones; Matthew Landis; Margaret Schmelzer

**Guests:** Alison Bergum; Bridget Booske; Andrea Hoekman

Agenda Item	Discussion	Follow-Up Action
Call to Order	Richard Perry called the meeting to order at 1:20 p.m.	
Review of minutes from September 21, 2005	<p>JoAnn Wiedmann made a motion to approve the minutes as written, which was seconded by Carol Graham. The minutes were approved unopposed.</p> <p>Discussion items about language incorporated in the minutes included:</p> <ul style="list-style-type: none"> <li>▪ The Committee requested that the minutes be finalized and finished at least two weeks following the meeting.</li> <li>▪ Progress toward identifying a minority member to participate on the Committee. Stacia Jankowski reported that she has requested a recommendation from Mary Jo Baisch, Chair of the Public Health Advisory Committee.</li> </ul>	<p>Staff will complete and distribute the minutes within two weeks following the meeting.</p> <p>Ms. Jankowski will follow up with Ms. Baisch on recommendations for a minority representative on this Committee. The Committee also asked Kelli Jones to provide recommendations.</p>
System Transformation Measurement group report on the scope of work and progress	<p>Alison Bergum reviewed the background, methods, and scope of work for the transformation project. She reported that they have completed over 20 interviews with stakeholders to get a broad perspective on the changes occurring with the infrastructure priorities, and have implemented an on-line survey to obtain baseline data on the status of the public health system. Ms. Bergum reported that, one theme that has been identified from the interviews is that partnerships are being affected by the decreases in available funding.</p> <p>Ms. Bergum reported that her team expects to have a technical document for review by their advisory committee near the end of December and a final report</p>	

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	<p>in February 2006.</p> <p>Cathy Frey asked if the intent is to identify ways to assess whether we are achieving our stated goal of transforming the public health system. Ms. Bergum reported that the intent is to provide recommendations on how the data can be used, which could lead to a means of checking progress on an annual basis.</p>	
<p>Minority health highlights</p>	<p>Kelli Jones, the new Minority Health Officer, provided an overview of two projects that are being implemented in the Department of Health and Family Services.</p> <p>Ms. Jones reported that a federal grant award of \$148,000/year for five years was awarded to DHFS by the federal Office of Minority Health. She reported the focus of this effort was to develop capacity through the development of:</p> <ol style="list-style-type: none"> <li>1. A minority health leadership team charged with exploring how a minority health advisory committee could be developed to add value to the system, and</li> <li>2. The expansion and subsequent distribution of minority health data.</li> </ol> <p>Ms. Graham asked that ways to integrate the leadership group and this Committee be considered as they are beginning to form.</p> <p>These topics led to a discussion of the current reporting method on disparities and whether this data is put in context through integration into the state health plan priorities. Gary Hollander noted as an example the increase in asthma within the Lesbian, Gay, Bi-Sexual, and Transgender (LGBT) community in Milwaukee, which upon closer inspection reveals a higher incidence among the African-American community. Without this level of detail, interventions cannot be targeted to those truly at risk. Patricia Guhleman acknowledged the legitimacy of this concern, but expects that data development will follow both tracks (being developed and reported in context and independent disparity data).</p> <p>Ms. Jones also reported on the new Healthy Birth Outcomes initiative. Staff from various parts of the Department are being pulled together and will begin by exploring racial and ethnic disparities that may exist within the programs operated by the Department. The group will focus on four areas (evidence-based practices, data, research and development, and</p>	

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	<p>outreach) with a goal of developing community evidence-based practices that will improve birth outcomes.</p> <p>Ms. Guhleman also reported on the formation of a program integration team within the Department, which is working to identify overlapping goals and activities occurring across disease specific programs. The team has begun by developing a template to relate their strategic plans to the state health plan.</p>	
<p>Report on the overarching goal of improved health for all</p>	<p>Ms. Guhleman reported that she has been meeting with Bridget Booske of the University of Wisconsin-Madison Population Health Institute to talk about the kinds of measures that are being developed and what is needed. Dr. Booske reported that the Population Health Institute is :</p> <ul style="list-style-type: none"> <li>▪ Trying to work collaboratively;</li> <li>▪ Recently produced the 2005 Wisconsin County Health Rankings (located at <a href="http://www.pophealth.wisc.edu/UWPHI/research/rankings2005.htm">http://www.pophealth.wisc.edu/UWPHI/research/rankings2005.htm</a>)</li> <li>▪ Considering a broad definition for disparities, since the County Health Rankings currently does not include a measure for disparities. She noted possible domains include race, ethnicity, age, sex, social and economic factors, sexual orientation, and urban vs. rural.</li> <li>▪ Looking to have some recommendations for the Committee to consider in the spring of 2006.</li> <li>▪ Ms. Graham had contacted Mark Huber about participating on a workgroup addressing the overarching goal of improving health for all. Dr. Bridget Booske was in attendance and reported that the Population Health Institute has a number of different groups they work with. She will follow up on this item.</li> </ul>	<p>Dr. Bridget Booske will work to incorporate Mark Huber into the appropriate workgroup on the goal of improving health for all.</p>
<p>Local data report</p>	<p>Matt Landis provided an overview of the development of the local data in a PowerPoint presentation distributed to the Committee members. He noted the system is now online and can be found at <a href="http://dhfs.wisconsin.gov/statehealthplan/conditions/index.htm">http://dhfs.wisconsin.gov/statehealthplan/conditions/index.htm</a>. Mr. Landis reported that phase one of this process has been completed. Ms. Graham asked that the information linking the conditions to the priorities be posted to the Web.</p>	<p>Mr. Hollander requested that the next scheduled meeting be at a location where access to these systems is provided to allow for hands-on demonstrations.</p> <p>Ms. Guhleman offered to post the document that links</p>

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	<p>Ms. Guhleman reported that a Community Health Improvement Process and Plan training initiative is beginning early in 2006. A portion of this training focuses on developing a needs assessment, which could include how to use the local data resources. Ms. Anderson requested that in describing the stakeholders for this event, that the counties be reminded that not only those funded through public health funds are working on these types of activities.</p>	<p>the 54 health conditions to the state health plan priorities on the Web site.</p>
<p>2005 PHC Biannual Report</p>	<p>A draft of the recommended report was provided for the Committee's review.</p> <p>The changes recommended for the section that discussed the Committee was to be changed to "The State Health Plan Committee will report to the council on the state's progress in achieving the goals and objectives of the state health plan and on their role in work teams evaluating the overall goals in the state health plan. The committee will make recommendations to the council on additional activities needed to achieve the state's goals."</p>	<p>Ms. Jankowski will incorporate the recommended changes.</p>
<p>State Health Plan Annual Report</p>	<p>Ms. Schmelzer reported that she has been working with the lead bureaus to develop the material that is needed for the annual report. She provided a sample of the report and noted that the format was going to be the same for all the health and system priorities. Ms. Schmelzer is working to complete the report and have a draft for the Committee to review in early January.</p> <p>Peggy Hintzman asked if the Committee was responsible for providing recommendations on the draft once it is made available or just for assuring that the document was produced annually. The Committee agreed that they felt their role was to provide meaningful input into the report. Ms. Graham asked that the baseline data (objectives) be included in each of the sections to allow readers to note any progress that has been made. Ms. Hintzman suggested a small graphic that would give a snapshot of the progress in relation to the target. Ms. Guhleman said that the objectives had not been included, because in some cases they were not meaningful or quantitative.</p>	<p>Ms. Guhleman committed to looking into the inclusion of a graphical representation of the progress on the objectives for each priority.</p>
<p>Review proposed rules of order and procedure and charter</p>	<p>Due to time restrictions, Committee members were asked to provide all comments to Mr. Perry within 10 business days.</p>	<p>Review the proposed rules of order and procedure and provide all comments to Mr. Perry within 10 business days (by</p>

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		December 21).
Next meeting	The Committee agreed to meet on Wednesday, January 18, 2005, from 9:30 to 3:30 at a location in Milwaukee to be determined.	Mr. Huber offered to find a location in Milwaukee for the next meeting.  Ms. Jankowski will set up a meeting for Mr. Perry, Ms. Weidmann, and staff to plan the 2006 agendas including determining the time needed to accommodate each agenda.
Agenda items for the next meeting	Close review of the 2005 Annual Status Report  Possibly holding a meeting at a computer lab to learn first hand how to use the local data, evidence-based practices, and Track2010.	
Adjournment	Mr. Perry adjourned the meeting at 3:40 p.m.	

Recorded by Stacia Jankowski  
Bureau of Health Information and Policy